

**20 \_\_\_\_ CLAIM FOR DISABLED VETERANS' PROPERTY TAX EXEMPTION**



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**ORANGE COUNTY ASSESSOR**  
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CLAIMANT NAME AND MAILING ADDRESS

[ ]  
[ ]  
[ ]

FOR ASSESSOR'S USE ONLY	
DATE RECEIVED _____	
APPROVED _____	DENIED _____
REASON FOR DENIAL _____	
_____	

STREET ADDRESS OF DWELLING (IF DIFFERENT FROM MAILING ADDRESS)	CITY	ZIP CODE
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If the claimant is an unmarried surviving spouse, enter the name of the veteran as shown on the discharge documents:

ASSESSOR'S PARCEL NUMBER
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Article XIII of the California Constitution, section 4(a), and Revenue and Taxation Code section 205.5 provide an exemption of \$100,000\* of assessed value (Basic Exemption), as adjusted for the relevant assessment year for property which constitutes the home of a veteran, or the home of the unmarried surviving spouse of a veteran, who, because of injury or disease incurred in military service, is blind in both eyes, has lost the use of two or more limbs, or is totally disabled. The \$100,000 Basic Exemption increases to \$150,000\* of assessed value (Low-Income Exemption), as adjusted for the relevant assessment year, if your household income for last year did not exceed \$40,000\*, as adjusted for the relevant assessment year. Once granted, the Basic Exemption remains in effect until terminated without any subsequent filing. Annual filing is required for any year in which a Low-Income Exemption is claimed.

*Totally disabled* means that the United States Veterans Administration or the military service from which discharged has rated the disability at 100 percent or has rated the disability compensation at 100 percent by reason of being unable to secure or follow a substantially gainful occupation.

The Disabled Veterans' Property Tax Exemption is also available to the unmarried surviving spouse of a veteran who, as a result of service-connected injury or disease: 1) died either while on active duty in the military service or after being honorably discharged and 2) served either in time of war or in time of peace in a campaign or expedition for which a medal has been issued by Congress. This law provides that the Veterans Administration shall determine whether an injury or disease is service-connected.

The Disabled Veterans' Property Tax Exemption provides for the cancellation or refund of taxes paid 1) when property becomes eligible after the lien date (new acquisition or occupancy of a previously owned property) or 2) upon a veteran's disability rating or death. This further provides for the termination of the exemption on the date of sale or transfer of a property to a third party who is not eligible for the exemption or on the date a person previously eligible for the exemption becomes ineligible.

\* As provided by Revenue and Taxation Code section 205.5, the exemption amount and the household income limit shall be compounded annually by an inflation factor. Please refer to the attached schedule for the current amounts and limits.

**THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION**

(continued on reverse)

STATEMENTS

This claim form may be used to file for the Disabled Veterans' Exemption for the regular assessment roll and the supplemental assessment roll. Separate claims are required for each fiscal year when filing the Low-Income Exemption. Please carefully read the information and instructions before answering the questions listed below. If you received the Disabled Veterans' Exemption last year and are filing this form solely to claim the Low-Income Exemption, check here  and proceed directly to item 4.

- 1. a. When did you acquire this property? (month/day/year)
b. Date you occupied or intend to occupy this property as your principal residence: (month/day/year)
c. Have you claimed the exemption on the home where you most recently resided? Yes No
d. Has that home been sold or transferred? Yes No What is the address of that home, including the city and county where the home is located?
e. Social Security Number: - -

- 2. a. Date filed for disability rating with the USDVA\*?
b. Date received disability rating from the USDVA\*?
c. Effective date of disability rating from the USDVA\*?
\*United States Department of Veteran Affairs

- 3. The basis for this claim is (please check the appropriate boxes):
a. Blind in both eyes (blind means having a visual acuity of 5/200 or less, or concentric contraction of the visual field to 5 degrees or less; proof is attached);
b. Disabled because of loss of use of 2 or more limbs (loss of the use of a limb means that the limb has been amputated, or its use has been lost by reason of ankylosis, progressive muscular dystrophies, or paralysis; proof is attached);
c. Totally disabled as a result of a service-connected injury or disease (totally disabled means that the United States Veterans Administration or the military service from which discharged has rated the disability at 100 percent or has rated the disability compensation at 100 percent by reason of being unable to secure or follow a substantially gainful occupation; proof is attached);
d. Unmarried surviving spouse of a deceased veteran who during his or her lifetime qualified for this exemption or who would have qualified for this exemption under the laws effective on January 1, 1977 (January 1, 1979, for disease) except that the veteran died prior to January 1, 1977 (January 1, 1979, for disease). Disability: blindness; loss of use of two or more limbs; total disability because of injury; or total disability because of disease (check applicable box; proof of disability, copy of marriage license, and copy of death certificate must be submitted to the Assessor). My spouse died on (month/day/year)
e. Unmarried surviving spouse of a person who, as a result of service-connected injury or disease, died while on active duty in the military service or after being honorably discharged (copy of marriage license, proof that the cause of death was service-connected, dates of service, and copy of death certificate or report of casualty must be submitted to the Assessor). My spouse died on: (month/day/year)

4. To be completed only by claimants for the Low-Income Exemption:
My yearly household income (see the instructions) for the prior calendar year was \$ . If the amount entered does not exceed the indexed low-income limit for the year you are claiming, the Low-Income Exemption shall apply. If you enter an amount greater than the limit, or you do not enter an amount, the Assessor will only allow the Basic Exemption. See attached schedule for income limits.

Telephone No. (8 a.m. - 5 p.m.) ( ) E-mail:

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.

SIGNATURE OF PERSON MAKING CLAIM DATE